

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966800	(X3) DATE SURVEY COMPLETED R 11/21/2017
NAME OF PROVIDER OR SUPPLIER ATRIA PARK OF ST JOSEPH	STREET ADDRESS, CITY, STATE, ZIP CODE 350 BUSH RD JUPITER, FL 33458	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A desk review revisit was completed on 11/14/2017 & 11/21/2017 for Atria Park at St. Joseph (Lic#10963). All outstanding deficiencies were corrected.